Title:

Training Probation Officers in Case Formulation for Personality Disordered Offenders

Short title:

Training Probation Officers in Case Formulation

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Abstract

Background

The recent UK Strategy on Managing High Risk of Serious Harm Offenders with Severe Personality Disorder proposes a significant role for Offender Managers (OMs) completing case formulations on personality disordered (PD) offenders. However, there is very little evidence as to whether Offender Managers can be taught to carry out case formulation.

Aim

The primary aims of this study were to devise and implement a training programme to teach Offender Managers to carry out case formulations, and assess their subsequent ability to do so. A secondary aim was to assess whether the training led to changes in OMs' attitudes towards working with PD offenders.

Method

A five day training programme was delivered to 20 Offender Managers, whose ability to carry out case formulation was assessed before and after the training using a 10 point quality checklist. Attitudes towards PD were also assessed before and after. Qualitative feedback relating to the training was used to provide further insight into the findings.

Results

Offender Managers showed a significant improvement in their ability to carry out case formulation following training with 7 out of the 10 quality domains on the quality checklist rated as at least 'satisfactory' post-training. Qualitative feedback highlighted reasons for some of the shortfalls in two of the three areas that did not show improvement. Improvements were shown in attitudes towards working with PD offenders in two out of three domains.

Conclusion

This study provides some evidence for Offender Managers' ability to carry out case formulation following training, improvements in attitudes towards working with PD offenders and difficulties specific to this addition to their current role.

Background

Personality disorders (PDs) are prevalent amongst offenders with antisocial personality disorder (ASPD) being the most commonly encountered PD in criminal justice and secure psychiatric settings (*e.g.* Singleton et al., 1998). Personality disorders, in particular ASPD, are associated with an increased risk of re-offending and a range of other negative outcomes such as homelessness, relationship difficulties, psychiatric and non-psychiatric comorbidity and premature death (*e.g.* Newton-Howes et al., 2006; Skodol et al., 2005). Despite the high economic and social costs of these disorders, research on the effectiveness of interventions for PD remains limited (*e.g.* Gibbon et al., 2011) and there has long been a debate as to whether individuals with PD should be managed within the health or criminal justice system (*e.g.* Eastman, 1999).

Case Formulation (CF) is a process that provides a psychological understanding of a person's difficulties, and ideally results in a treatment plan to address them (Hart et al., 2011). It is both a process and an outcome, in that the process of CF leads to the development of a specific formulation for each individual. There is currently little consensus as to what constitutes a 'good' CF generally or specifically in forensic settings (Kuyken, 2006; Hart et al., 2011). Until recently, there were no widely accepted guidelines as to how to perform forensic CF, nor on how to train professionals in its use. Recently a practitioners' guide has been published by the National Offender Management Service in the UK to address some of these gaps (Ministry of Justice, 2011), and new guidelines set out principles and standards for CF as part of the UK Government's Offender Personality Disorder (OPD) Pathway strategy.

CF is a key part of the UK Government's strategy for high risk of high harm PD offenders (Department of Health [DH] 2011a; DH 2011b for women; DH 2001c; Joseph & Benefield,

2012; National Offender Management Service, 2014). The strategy, encompassed in the OPD Pathway, envisages joint working between the NHS and criminal justice agencies in order to create a pathway for offenders with PD who are viewed as posing a high risk of high harm to others; specifically, the strategy involves early identification of such offenders, and the provision of "a pathway of services, including access to specialised personality disorder treatment and management" (DH 2011a, p.5) in order to reduce risk and improve psychological well-being. Offender Managers (OMs)[1] play a prominent role in this process, carrying out, "supported by clinical and forensic psychologists from the NHS and NOMS" (DH 2011a, p.60), a CF on identified offenders which allows the signposting towards appropriate treatment and intervention pathways. Since the inception of the strategy, community based PD services have been commissioned in all probation areas, and new treatment and progression services for individuals with PD have been developed in prisons and approved premises. A model of case consultation (low-intensity contact with psychologists) in the implementation of the strategy in community probation services has been developed in one probation area in London and rolled out following promising initial evaluation findings (Minoudis et al., 2012; McMullan et al., 2014).

The Offender PD strategy involves probation staff learning new skills and engaging in a process of CF that has hitherto been the domain of psychologists and psychiatrists; the strategy therefore relies upon the ability of OMs to contribute to an effective CF. While staff training has been rolled out there is as yet a paucity of evidence as to whether or not OMs can be taught CF skills to an appropriate standard. The one study that has been published to date (Minoudis et al., 2013) found no significant improvement in the OMs' ability to carry out CF following training; key differences in the findings and methods of that study compared to

[1] Offender Manager' is a role created with the inception of the National Offender Management Service (NOMS) in the UK in 2004 which is responsible for Her Majesty's Prison Service and the National Probation Service. The title is often used interchangeably with 'Probation Officer' but has been prefered since the creation of NOMS to emphasize the broad responsibilities of the role, including support of offenders in prison, supervision and support of offenders serving community sentences or after release from prison and the provision of reports for courts to support decisions about sentencing.

the one presented here will be addressed in the discussion section. The study presented here sought to develop a training package for OMs, provide training to a group of OMs, and compare the quality of formulations and attitudes towards PD pre- and post-training in order to provide additional evidence as to the practicalities and effectiveness of training CF skills to OMs.

Method

Development of training

The training package was developed drawing from three main sources:

a) a Delphi survey of experts on key characteristics of CF for PD offenders (Völlm, 2013)

b) material drawn from the Knowledge and Understanding Framework ('KUF', an educational programme designed for people to work more effectively with personality disordered individuals, jointly commissioned by the Department of Health and the Ministry of Justice (Baldwin, 2011)

c) findings from focus groups held amongst various relevant stakeholders (probation staff, carers of and individuals with PD and offending histories, as reported elsewhere [Brown & Völlm, 2013]).

The training package was developed by an experienced consultant forensic psychiatrist and senior academic (BV) and a trainee forensic psychologist (GP). All material was reviewed by experienced KUF trainers prior to delivery.

The content of the training was delivered over five days, and included: introduction to PD, psychological theories of PD, PD & offending, case formulation, other issues in PD (i.e. working with PD offenders, applying CF in practice).

Sampling and recruitment

Recruitment of OMs took place within Nottinghamshire Probation Service. Recruitment materials were circulated within the service and volunteers contacted the research team directly. 20 OMs were recruited, who were able to attend all training dates. Sociodemographic information is provided in the results section.

Delivery of training

The training package was delivered to OMs over five full days in a one month period. Participants were placed into two cohorts according to their availability, giving cohorts of 7 and 13 participants respectively. Training was delivered by two experienced KUF trainers, one of whom had lived experience of PD. 18 participants completed the training; two withdrew following sickness absence from 2 of the 5 days of training. Training was delivered in December 2012 and January 2013, before the government strategy was fully rolled out.

Vignettes and development of CFs

Two vignettes were used as described in Minoudis et al. (2013). Both cases were fictitious but included information that would be expected to be found on probation files, including offending history and excerpts from other reports. Both cases were about 1000 words long, one featured an individual with antisocial and one with borderline PD.

At each assessment participants were given one of two vignettes (half received vignette A pre-training and vignette B post-training; the other half received vignettes in reverse order) and asked to complete a CF, identifying 'the 5 Ps' (problem behaviours, predisposing, precipitating, perpetuating and protective factors). For each of the 5 Ps a brief explanation was provided (e.g. for precipitating factors: "Immediate or recent events or stressors that may trigger the problem behaviours"). Participants were also asked to provide a narrative CF, using the 5P framework to explain the development and maintenance of the presentation and problematic behaviour.

Assessment of quality of CF

OMs' ability to perform CF was measured before and after training to gauge pre- and post-training CF skills and any improvement. Quality assessments were made using a 10-point quality checklist devised by McMurran et al. (2012, first validated by Mindoudis et al., 2013; the checklist was used during this validation phase). The areas of assessment are shown in Table 1. Each item was scored 1 - 4 with a rating of 1 representing "does not meet this criterion", 2 "meets this criterion somewhat", 3 "meets this criterion satisfactorily" and 4 "meets this criterion exceptionally well". CFs were also rated on the identification of predisposing, precipitating, perpetuating and protective factors, again on a scale from 1 – 4, with higher scores representing better identification. All assessments were marked blindly by BV – who was not involved in the training – following the end of the training (i.e. pre- and post-training CFs were marked together without the rater knowing which were pre- and post-training). The rater also guessed as to whether the CF had been completed pre- or post-training.

Whilst we did not formally assess CFs against a gold standard, we asked an expert forensic psychologist to provide a CF on our two cases. The rater made observations regarding key differences between this CF and those completed by trainees.

Attitudes towards PD

The PDKASQ (Personality Disorder – Knowledge, Attitudes and Skills Questionnaire [East of England KUF Partnership, 2011]) was administered before and after training in order to measure changes in attitude towards PD. The PDKASQ consists of 21 questions assessing understanding (e.g. "I feel that I have a good understanding of how clients may develop a personality disorder"), capability (e.g. "I feel able to apply psychological models in my work") and emotions (e.g. "I often feel overwhelmed by the problems that clients with personality disorder have") regarding PD, rated on a 5-point scale from 1 – "strongly disagree" to 5 –

"strongly agree". The PDKASQ has been chosen as it has been used in a number of similar studies in the UK (e.g. Ramsden et al., 2014).

Assessment of participants' satisfaction with training

After each day participants were asked to complete a feedback form, rating that day's training for content and delivery (10 questions, scored from 1 – "strongly disagree" to 5 – "strongly agree"), and to comment upon which aspects had been most, and least, useful. Questions were repeated for an evaluation of the overall training package. Qualitative feedback was also sought to gauge how the training was received from their perspective, any perceived areas of difficulty and applicability of training to their work.

Analysis

Using the statistical software R, descriptive analyses were completed; for comparisons pre-post training, paired T-tests were used with a significance level of $p < 0.05$.

Ethical approval

The study received ethical approval from the National Offender Management Service (NOMS).

Results

Sociodemographic details of trainees.

The mean age of trainees was 40.6 years and 70% were female. Participating OMs were very experienced in their role with a mean of 12.2 years of experience working with offenders. Only one participant (5%) indicated that their role included the supervision of staff and most (85%) worked full time.

Quality of CFs

Table 1 provides a comparison of the ratings of participants' CFs in the 10 checklist domains, pre- and post-training. Seven domains showed significant improvements and so did the total score of quality ratings.

TABLE 1 ABOUT HERE

The three areas that showed no significant change included 'action oriented' (prioritising and planning treatments, item 9), 'external coherence' (consistency with a psychosocial theory of criminal behaviour, item 2), and 'simplicity' (free from unnecessary details and assumptions, item 7). Notably, ratings on item 7 were already very high pre-training.

Participants' ability to identify predisposing factors also significantly improved ($p = 0.05$); although identification of precipitating and perpetuating factors also improved, this change was not statistically significant.

The rater was able to correctly identify 81% of all CFs completed by the trainees as pre- or post-training. Some observations were made regarding key differences between trainees' CFs and that provided by an expert:

- Participants had a tendency towards compiling long lists of problem behaviours, whereas the expert formulator had concentrated on the key issues or at least prioritised problem behaviours.
- Similarly, for interventions often a long list was provided without prioritisation or explicit links being made with the targeted behaviours, its underlying causes and the proposed intervention.
- Few of the formulations mentioned potential future behaviours, or hypotheses, although this is generally seen as an important aspect of case formulation.

Attitudes towards PD

Results from the PD-KASQ questionnaires showed a significant change ($p < 0.01$ each) in two of the three domains, 'understanding' and 'capability', and in the total score, but not in the domain of 'emotion'. Thus, significant changes were found in participants' self-assessed capability of working with PD offenders, and the extent to which they felt knowledgeable in this area.

Satisfaction with training

Participants expressed high levels of satisfaction with the training scoring nine out of the ten items between 4 and 5, i.e. 'agree' to 'strongly agree' (the item that scored less well related to the actual training room). The most useful and/or interesting aspects of training highlighted were: schema, general PD training (identifying PD, traits of different PDs), the link between PD and offending and the 5Ps model. Participants also appreciated the opportunity to work through examples of cases in a group. They highlighted training around risk as adding least value, as they were already well trained in this area.

In the discussions following the training it became apparent that participants felt that some requirements of CF may be at odds with their current working practise. E.g., they felt – due to issues of potential legal challenge – they needed to document problem behaviour fully rather than prioritise certain aspects of it. They also felt reluctant to hypothesise about future behaviours due to a perceived need to clearly evidence any statements they made, again out of fear of possible litigation. Participants voiced concern around the consequences of recommendations of specific treatments or interventions; they were concerned about referring an offender to the 'wrong' treatment and ultimately worsening their outcome. There was unanimous agreement that the process of CF needed to be well supervised.

Discussion

This study sought to provide evidence as to whether OMs can be taught to complete CFs on PD offenders following some basic training. While one of the aims of our study was to inform the ongoing implementation of the UK Government's strategy for high risk of high harm PD offenders (DH 2011a; DH 2011b; National Offender Management Service, 2014), our findings are likely to be of wider interest, including internationally, in relation to similar initiatives within probation settings or more widely to inform psychologically orientated training for other professional groups.

Our results indicate that it may be possible to develop and implement training materials to teach OMs CF skills. Participants showed a significant improvement in their ability to carry out case formulation following training with 7 out of the 10 quality domains rated as 'satisfactory' post-training. Identification of predisposing factors relevant to current problematic behaviour also improved post-training. Trainees identified the training as very useful and attitudes towards PD showed significant improvements in two out of the three domains of the PD-KASQ.

Given the limited evidence base on the effectiveness of CF training even in specialised professionals (e.g. Kuyken et al., 2005; Kendjelic & Eells, 2007), it is encouraging that our short training had a positive impact on probation officers with no prior psychological education, particularly as skills appear to have improved in a range of domains, including the identification of underlying factors for problematic behaviour as opposed to just the behaviour itself. The findings of our study contrast to those of Minoudis et al. (2013) which found that the OMs in their study could not effectively carry out CF after training. The authors provided a range of potential explanations for their findings including the relatively short duration of their training (which comprised of four two-hour training sessions, followed up by monthly case discussions within teams facilitated by a psychologist for a further period of six months). Other potential reasons included "the quality and quantity of information" (p. 260) upon which the formulations were based and the differing aims of formulation in a

therapeutic compared to a criminal justice context. Given our study used the same vignettes as the Minoudis study, differences in findings are likely to be attributable to training and assessment. Notably our training was markedly longer and had a more extensive focus on PD. Other differences between the studies include the conditions under which assessment occurred: our participants completed their test CFs immediately after the training, without the opportunity to practice these skills in a more real-life setting, and without input from a second party. Minoudis et al's participants' CFs were completed in participants' real life work setting i.e. during team consultations, six months after their training, though the same vignettes were used in both studies. One would expect that a period of embedding skills and the support by a psychologist would have presented an advantage to participants in the Minoudis et al. study compared to our study. However, the fact that assessments were completed during 'normal business' – together with the much shorter training – might have impacted negatively on the demonstration of CF skills. We do not, of course, know how the gains in our training would have been maintained over a longer period and how participants in our study would have been able to put their skills to use in a real-life setting. These variations in delivery and setting need to be investigated further in the future.

As indicated earlier, all assessments (pre and post training) were marked blindly in our study, with the rater (BV, the study lead) making a guess as to whether they had been completed pre or post training. This is another key difference to the Minoudis et al's. study where quality assessments were carried out by an independent rater. It cannot be known to what extent the presence of terminology and concepts used in training alerted the rater in our study to the likelihood that the assessment was post training and this could have introduced potential unblinding and thus bias; at the same time, use of such concepts and terminology is likely to be a factor that might lead to increased scores due to the relevance of such usage to CF regardless of the type of rater.

Positive changes in the dimensions of ‘understanding’ and ‘capability’ on the PD-KASQ were observed. This change in attitudes is an additional positive outcome of the provision of training, although it is disappointing that a significant positive change was not observed in the domain of emotion suggesting that feelings towards those with PD remained unchanged. The literature on specific training for working with PD using the KUF framework suggests that other trainers have also not succeeded in improving attitudes in all domains. Baldwin (2011) reports a positive change in understanding and emotion, but not capability, in a mixed group of mental health, housing and criminal justice staff. Shaw at al. (2012) piloted a psychologically informed model of working with PD offenders in a probation service whereby staff had access to psychological input. Comparing baseline and one-year follow-up scores on the PD-KASQ, they, as our study, found improvement in all but the emotional scale. Ramsden et al. (2014), on the other hand, specifically focusing on staff working in a probation service in which a consultation model around PD had been implemented, found improvements on all three dimensions. This would suggest that positive effects might be obtained through more intense and ongoing engagement and support but that emotional reactions to PD might be most difficult to tackle.

Despite our promising findings, it is of note from our feedback post-training and evidence from elsewhere (Brown & Völlm, 2013) that staff had significant reservations regarding their role in the process of CF and being asked to take on roles for which there are ultimately not trained. Traditionally, the role of probation staff is significantly different from that of psychologists with probation staff, at least in the UK, being expected to protect the public from their clients rather than their primary target being their clients’ well-being as would be the case in clinical roles (House of Commons Justice Committee, 2011). Concerns amongst participants about making intervention recommendations, and role uncertainties, might be partly underlying our finding that skills did not improve on the action orientation. While some of these initial anxieties and uncertainties might since have been overcome in the ongoing

implementation of the strategy, it is of concern that the step from formulating problems to action appeared to be problematic.

This study was only small and there are additional limitations that need to be noted. Firstly, probation staff put themselves forward on a voluntary basis and this may have introduced some bias with regards to positive engagement in the training. It will be necessary to test training on CF in more probation areas and, crucially, test whether theoretical knowledge transfers to real work situations. More challenges may arise here as this would also require OMs to elicit information from their clients rather than just organising case vignette materials in a coherent fashion and to use this information to make decisions about treatment pathways.

Conclusions / Implications for practice

Our findings provide useful and encouraging support for the ongoing implementation of the Offender PD strategy. Whilst there remain some questions about the overall quality of CFs produced, the quality was largely appropriate and useful insight has been gained as to where any specific deficiencies might lie. The study provides useful evidence that OMs can be taught case formulation skills and that such training may lead to an increased sense of capability of working with this particular group of offenders. Though the further implementation of the OPD strategy has applied a model of consultation – with psychologists being available to provide support to probation staff (e.g. McMullan et al., 2014; Minoudis et al., 2012) – more research is clearly needed regarding training and delivery of CF. Future research – e.g. using a cluster RCT approach – should also focus on the question of whether CF actually leads to different treatment pathways and, importantly, outcomes for offenders.

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Table 1: CF assessment scores based upon the 10 point Quality Checklist devised based on Hart et al. (2011)

Scoring item	Mean pre-training	Mean post-training	Median pre-training	Median post-training	Difference pre-post p-value
1. Narrative	2.62	3.03	2.50	3.00	0.04
2. External coherence	2.29	2.58	2.00	2.75	0.06
3. Factual foundation	2.26	2.83	2.00	3.00	<0.001
4. Internal coherence	2.56	3.08	2.50	3.00	0.02
5. Explanatory breadth	2.21	2.94	2.00	3.00	<0.001
6. Diachronicity	2.38	2.86	2.50	3.00	<0.001
7. Simplicity	3.94	3.92	4.00	4.00	0.58
8. Generativity	2.24	2.67	2.00	2.75	<0.001
9. Action oriented	2.00	2.44	2.00	2.75	0.13
10. Overall quality	2.26	2.86	2.00	3.00	<0.001
Total	**24.76**	**29.22**	**24.50**	**30.75**	**<0.001**